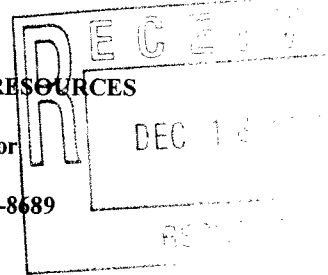


ARIZONA DEPARTMENT OF WATER RESOURCES

Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8585 Fax (602) 771-8689



**APPLICATION FOR A RECOVERY
WELL PERMIT (§ 45-834.01)**

APPLICATION FEE OF \$ 50.00 PER WELL FOR
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL
THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS
NOTICE AND PUBLICATION FEES TO BE DETERMINED,
ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

FOR OFFICE USE ONLY

Application No.: 74-216372

Date Received: 12-18-07

1. Name of Applicant: ROOSEVELT WATER CONSERVATION DISTRICT
P.O. Box 100, Higley, AZ 85236
Mailing Address _____ City _____ State _____ Zip _____
Contact Person Shane Leonard Telephone (480) 988-9586 Fax _____
2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located Phoenix Active Management Area
3. Name of the owner(s) of the land where wellsites are located Roosevelt Water Conservation District
Mailing Address P.O. Box 100, Higley, AZ 85236
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).
See attached map of Roosevelt Water Conservation District boundary (Attachment 1)
4. Legal description of the land where water will be used _____
(quarter/quarter/quarter/section, township and range)
Nonpotable water deliveries within
5. The recovered water will be used for Roosevelt Water Conservation District service area

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. Please See Attachment 2.
or long-term storage account number. _____

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed. Please See Attachment 3.

Name of Well Owner	Well Registration Number	Location: 1/4, 1/4, 1/4, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed

8. Complete the following for each proposed well to be constructed. All wells are existing wells.

Well Registration Number	Location: 1/4, 1/4, 1/4, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (We), Shane Leonard, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

480-988-9586
Telephone

[Signature]
Signature of owner or authorized agent
SHANE M. LEONARD

ASSOCIATE G.M.
Title

PO BOX 100 HEALEY AZ 85236
Mailing Address City State Zip

STATE OF ARIZONA)
County of Maricopa) ss.

Subscribed and sworn to before me this 5th day of December, 2007.

[Signature]
Notary Public
11-1-06

My commission expires:

